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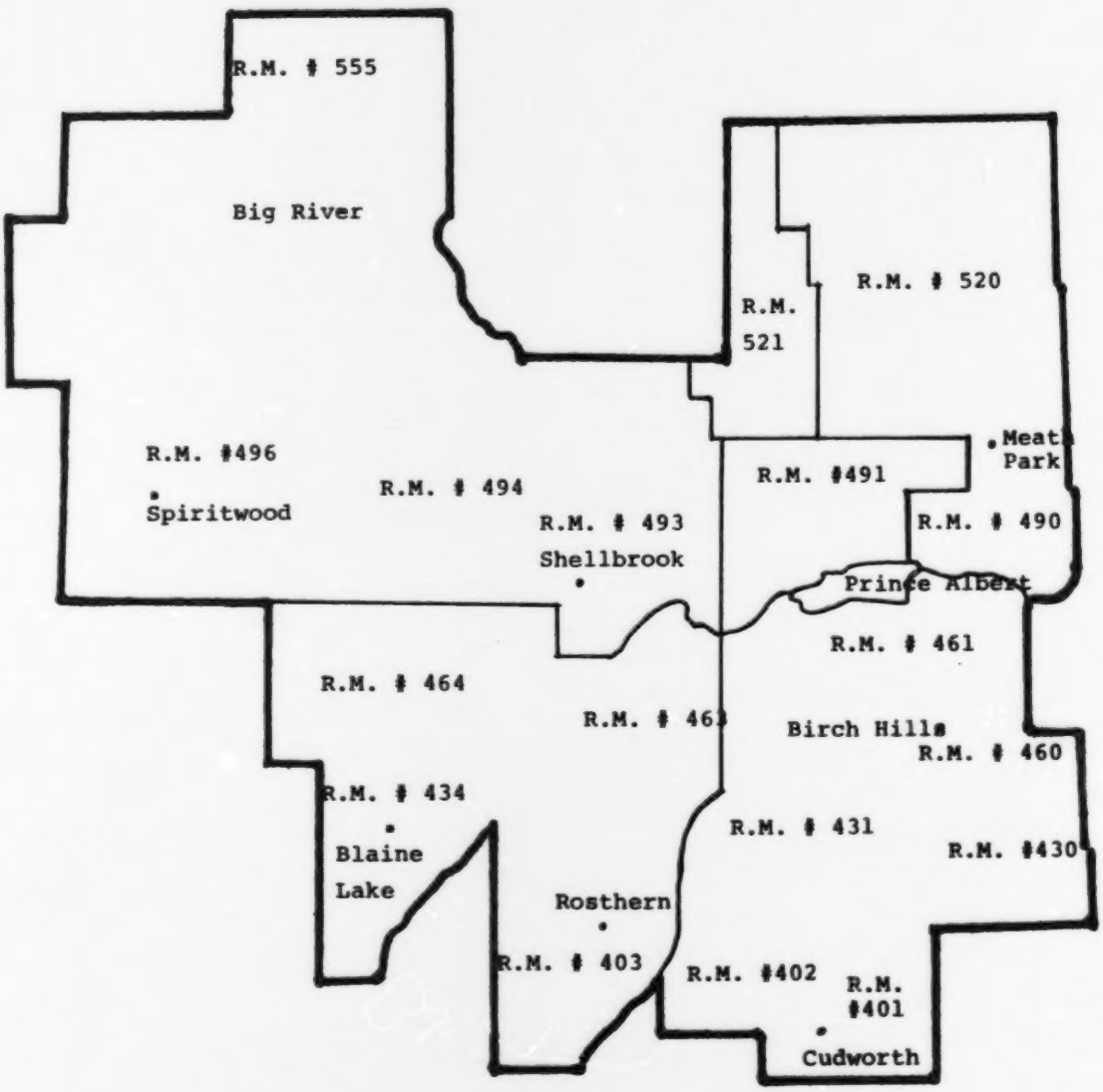
Saskatchewan
Health
Community Services
Prince Albert Region

Prince Albert Health Region
Annual Review
1981 - 82

Saskatchewan



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Personnel

(At March, 1982)

PRINCE ALBERT REGIONAL OFFICE – 764-4206

Mr. M.J. Thorn, Health Region Administrator
Dr. H.L. Kinman, Medical Health Officer
Mr. W.A. McDonald, Senior Public Health Inspector
Mr. K. Wanner, Speech-Language Pathologist (Resigned July 31, 1981)
Mr. J. Rindahl, Speech-Language Pathologist (Started August 4, 1981)
Mr. Eigil Jensen, Early Childhood Psychologist
Mrs. S. Gosselin, Regional Nutritionist (Part-time)
Mrs. S. Halland, Regional Nutritionist (Part-time) (Started August/81)
Miss L. Beaton, Regional Nursing Supervisor
Ms. D. Brown, Public Health Nurse II
Miss E. Nickel, Public Health Nurse I
Mrs. A. Gedir, Public Health Nurse I
Mrs. P.J. Brasnett, Public Health Nurse I
Mrs. O. Karpish, Public Health Nurse I
Mrs. S. Sims, Public Health Nurse I (Resigned November 30, 1981)
Mrs. G. Rindahl, Public Health Nurse I (Started January 4, 1982)
Mrs. C. Kowalczyk, Public Health Nurse I
Mrs. B. Thompson, Public Health Nurse I
Mr. C. Shaw, Assistant Senior Public Health Inspector
Mr. H. Smith, Public Health Inspector I
Mr. J. Johnson, Public Health Inspector I
Mr. Trevor Hodge, Public Health Inspector I (Resigned July 17/81)
Mr. H. Chong, Public Health Inspector I (Resigned September 30/81)
Miss L. Hooley, Public Health Inspector I (Started October 1/81)
Ms. L. Pelletier, Clerk Typist III
Mrs. B. Grezaud, Clerk Steno II
Mrs. Karla Dale, Clerk Typist II
Mrs. Brenda Davis, Clerk Typist II (P.T.)
Mrs. Paulette Smith, Clerk Typist II (P.T.) (Started December 7/81)

DISTRICT OFFICES

Shellbrook – 747-2525	– Miss I. Isaak, Public Health Nurse I
	– Mrs. M. Agnew, Clerk Typist I (P.T.)
Spiritwood – 883-2342	– Mrs. K. Jaster, Public Health Nurse I (P.T.)
	– Mrs. A. Sokolowski, Public Health Nurse I (P.T.)
	– Mrs. B. Herbel, Clerk Typist I (P.T.)
Birch Hills – 749-2266	– Mrs. V. Bright, Public Health Nurse I
Wakaw – 233-4363	– Mrs. J. Rudichuk, Public Health Nurse I
	– Mrs. C. Fiolleau, Clerk Typist I (P.T.)
Big River – 469-2122	– Mrs. C. Moyer, Public Health Nurse I
	– Mrs. Gloria Dunn, Clerk Typist I (P.T.)
Rosthern – 232-4282	– Miss T. MacKinnon - Resigned July 31/81
	– Miss D. Dueker - Started August 4/81
	– Mrs. Eleanor Broten, Clerk Typist I (P.T.)

Health Districts, District Health Councillors

(As of March 31, 1982) (*Indicates Board Member)
(Population figures from SHSP Data)

	D.H.C.'s	POPULATION 1980	1981
HEALTH DISTRICT #1			
City of Prince Albert	*L. Gisi *R. Thomson	28,631	32,100
HEALTH DISTRICT #2			
Shellbrook	Mr. H. Beilhartz	1,098	1,253
Leask	*Mrs. A. Kartes	446	502
Meath Park	Mr. A. Bazarkiewicz	298	303
Paddockwood	Mr. G. Spoonheim	179	225
Parkside	Mrs. V. Martin	100	104
Weirdale	Mrs. L. Nagy	160	93
R.M. of Leask	Mr. A. Garand	1,168	1,139
R.M. of Garden River	Mr. G. Zbaraschuk	822	852
R.M. of Buckland	Mr. A. Campbell	3,087	3,081
R.M. of Shellbrook	Mr. H. Wendel	1,805	1,782
R.M. of Paddockwood	Mr. S. Dean	1,267	1,096
R.M. of Lakeland	Mr. P. Hiltz	502	637
Resort Village of Candle Lake	Mr. W. Haydukewich	Unavailable	203
	Total Population District #2	**10,932**	**11,270**
HEALTH DISTRICT #3			
Big River	Mrs. O. Swedberg	827	947
Canwood	*Mr. R. Briggs	306	339
Debden	Mr. W. Miles	381	420
Leoville	Mr. N. Turgeon	404	414
Shell Lake	Mr. G. Strate	217	267
Spiritwood	Mrs. P. Atkinson	841	968
R.M. of Canwood	Mr. E. Shantz	2,272	2,267
R.M. of Spiritwood	Mr. L. Schalm	1,944	1,991
R.M. of Big River	Mr. G. Horner	767	813
	Total Population District #3	**7,959**	**8,426**
HEALTH DISTRICT #4			
Blaine Lake	Mr. J. Glencross	631	644
Marcelin	Mrs. M. DeGirolamo	273	257
Duck Lake	Mr. Wm. Foster	683	684
Rosthern	Ms. M. Jobin	1,504	1,608
Hague	Mr. P. Unger	530	722
R.M. of Rosthern	Mr. G. Janzen	1,986	2,028
R.M. of Prince Albert	*Mrs. B. Bibby	3,169	2,256
R.M. of Blaine Lake	Mr. S. Cheveldayoff	626	507
R.M. of Duck Lake	Mr. L. Perret	919	809
	Total Population District #4	**10,321**	**9,515**

HEALTH DISTRICT #5

	D.H.C.'s	POPULATION 1980	1981
Wakaw	Dr. L. Baker	1,031	1,036
Alvena	Mr. W. Chohaniuk	114	99
St. Louis	Mr. M. Ferland	394	461
Birch Hills	Mrs. L. Skaar	752	948
Cudworth	Mr. J. Buchinski	907	948
Yellow Creek	Mr. G. Fleming	166	130
Domremy	Mr. A. Roy	188	218
R.M. of Hoodoo	Mr. M. Rohachuk	926	869
R.M. of Fish Creek	Mr. E. Kramchynsky	591	579
R.M. of Invergordon	Mr. E. Rundbraaten	1,113	1,003
R.M. of St. Louis	*Mr. S. Swenson	1,504	1,474
R.M. of Birch Hills	Mr. M. Evans	962	921
Resort Village of Wakaw Lake	Mr. W. Kindrachuk	2	2
	Total Population District #5	**8,650**	**8,688**
TOTAL HEALTH REGION POPULATION		**66,493**	**69,999**

Board Chairman's Address

The year 1982 as your chairman has been very educational and informative for myself. I hope that next year will be as productive.

At our Annual meeting I hope that all regions will bring new resolutions with new ideas.

At the Provincial Convention last April, we organized all Provincial Regions in an effort to strengthen our communication line with the Provincial Minister of Health.

Many thanks to the Region Board for their efforts, sound thinking, and expressions.

I, on behalf of the Board, pass on our compliments to our Health Region Administrator, Jim Thorn, for his tireless efforts in administrating our Region in such an over-crowded office, when so much help is needed and nowhere to put anyone.

Thanks, Dr. Kinman, for keeping myself and the Board up to date on all health matters of the Region. To you, Laurette Pelletier and the staff, we couldn't have made it without your patience, efficiency, and pleasant attitude.

Lee Gisi
Chairman

Administrator's Report

With pleasure and on behalf of the Health Region staff I present this 1981-82 annual review.

The past year was progressive, with some extensive training for public health inspectors in enforcement; Regional Nursing Supervisor attended a Leader Effectiveness Training course. Several other workshops, seminars and courses were attended by the staff as time and resources permitted.

Prince Albert Health Region's annual meeting was held in November. The attendance improved and the format of presenting special projects and interests was appreciated by the district health councillors and they expressed a wish for this type of meeting at future annual meetings.

The present Health Region Office building is very quickly becoming inadequate. A request for a space review was sent to the Minister of Health for action and we are still awaiting the results of the review.

I would like to take this opportunity to express my appreciation to the staff, the Health Region Board and Dr. Kinman for their co-operation, guidance and support.

M.J. Thorn
Health Region Administrator

Medical Health Officer's Report

The year 1981 has shown again that the Prince Albert Health Region has lived up to its reputation as being a forward-looking and progressive health unit. The community can, with justification, be proud of its health workers, and, as a result, can be assured that the region is in good health and is a healthy place in which to live and bring up a family.

The administration of the region, under Mr. Thorn and the co-operation of the Board of Health under Mr. Lee Gisi has given every encouragement to the staff members in their day-to-day activities and long range plans.

COMMUNICABLE DISEASE

As in the rest of North America, sexually transmitted diseases continue to be the most commonly reported diseases. These are well reported, as a direct result of our clinic in the building.

Gastrc-intestinal infections have shown an increase this year. Whether or not that has resulted from improved diagnosis and reporting is difficult to assess. Our health education efforts, particularly with courses for food handlers have been continued and these will only improve the situation. We have had some cases of giardiasis, the origin of which was not identified. This problem seems to have cleared up now, but we are keeping it under surveillance.

We have made a very determined effort to reduce the incidence of measles. To this end we now have now immunized 98% of our school children and a similar number of preschoolers. It may be noted that for the first time, we are reporting no cases of measles (rubeola) for this past year. This, we consider very significant. We look forward to the time when measles will be unknown in Saskatchewan.

VITAL STATISTICS

This data may be found at the end of this report. This does not mean that we consider these figures of little import, but the reverse.

The lung cancer incidence is still too high. Hopefully, the knowledge of the dangers of smoking will encourage people to quit and in time this disease could become less common.

Our infant mortality rate compares favourably with the rest of Canada, and our birth rate remains at a health level.

I take this oportunity of thanking Mr. J. Thorn and his enthusiastic staff for their loyalty and hard work during 1981. It has been a pleasure to work with them. The region may be proud of their work.

We have appreciated the help and enthusiastic cooperation of the members of the Board of Health under their chairman, Mr. Lee Gisi.

I look forward to another successful year of association with the Prince Albert Health Region.

Dr. H.L. Kinman
Medical Health Officer

Vital Statistics

	1979	1980	1981
Population	70,542	66,493	69,999
Births	1,238	1,395	1,364
Infant Deaths: 0 - 12 months	26	18	18
Neonatal Deaths (under 28 days)	14	13	6
Infant Mortality Rate	21.0	12.90	13.20
Neo-natal Mortality Rate	16.1	17.07	9.48
Stillbirths	6	11	7

VENEREAL DISEASE REPORT

	1979	1980	1981
Gonorrhea	298	304	338
Syphillis	9	0	1
N.G.U. and Other STD	167	374	282
Herpes			4
Yeast			20
Trichonomas			37
Parasites			61
Non STD or Routine Check	3,553	3,981	2,088
	4,027	4,659	2,831

DISEASE	1979			1980			1981		
	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL
Cancer of the Lung	21	6	27	30	7	37	16	3	19
Other Cancers	48	50	98	48	48	96	41	47	88
Ischaemic Heart Disease	27	68	95	114	40	154	100	36	136
Diseases of Circulatory System	67	68	135	61	55	116	45	44	89
Disease of Respiratory System	15	32	47	21	11	39	38	37	75
Endocrine Diseases	3	1	4	4	5	9	12	8	20
Blood Diseases	1	2	3	2	1	3	3	0	3
Transport Accidents				25	9	34	15	3	18
Other Accidents				18	11	29	17	5	22
Suicide				10	2	12	9	6	15
Homicide				3	3	6	1	1	2

COMMUNICABLE DISEASES REPORTED

		1980	1981
Ameobiasis		1	0
Giardiasis		1	2
Salmonellosis		20	28
Hepatitis	Viral A	10	12
	Viral B	1	3
Meningitis	Bacterial	2	6
	Viral	1	2
Rubella		3	1
Rubeola		4	0
Shigellosis		34	72
Tuberculosis	Pulmonary	4	6
	Other	2	1
Scarlet Fever		10	6
	TOTAL	93	139

Public Health Nursing & Statistics

PERSONNEL CHANGES

We were fortunate to have only short-term vacancies during 1981. Two nurses resigned, one from Prince Albert Rural North and one from Rosthern. Both positions were filled within a reasonable length of time. In August we were able to obtain a nurse to do part-time relief work, including overflow clinics, and to start Happy Birthday Checkups for three-year-olds.

PROGRAM CHANGES

All aspects of the generalized public health nursing program continued, with the addition of clinics for all three-year-olds in Prince Albert. A number of these are carried on in the rural areas as well. Invitations are sent in the child's birthday month, hence they are called "Happy Birthday" checkups. One of the objectives of these clinics is to make certain that the public health nurse sees all children at least once between infancy and school entrance. Many changes take place in a child's growth and development during these years. At the 3-year-old clinic, the child's hearing and vision is tested, a basic physical inspection and developmental screening test is done, the health history is brought up to date, and the parent is given opportunity to voice any concerns about the child. Health teaching and counselling take place and referrals made to appropriate resources when the need is indicated. In some rural areas, children are brought in faithfully each year, which gives the public health nurse the best opportunity of being aware of the child's growth and development.

SPACE PROBLEMS

A serious space problem in the Prince Albert office, together with under-staffing makes any further program expansion impossible. As it is, because of lack of clinic rooms the Happy Birthday checkups are held in the staff conference room.

Space for prenatal classes is inadequate. The conference room does not allow for the large numbers that attend to sit in comfort, or to practice relaxation exercises in the room.

Birch Hills office space is inadequate, and the public health nurse no longer can hold Child Health Centres there, but has been forced to carry her equipment to the basement of the hospital each time she has a child health conference in that town.

PROVISION OF FIELD EXPERIENCE

Each year our health region provides 8 student nurses from the University of Saskatchewan College of Nursing with three weeks field experience. During that time they observe our nurses at work and have opportunity to try their wings in community nursing. This is an important part of our work, as the experience is essential to the training of future Public Health Nurses, some of whom become our staff members.

A large number of diploma nursing students from Kelsey Institute come each year to spend a brief time observing the public health nurse in action. This is valuable in that it makes the students aware of services in the community to which they may refer hospital patients, and promote continuity of care.

PREVENTION IS THE KEY-WORD

Preventing illness and maintaining individuals in the best possible health is the objective of all public health nursing services. Special attention is given to "at risk" families and individuals. Public Health Nursing services are carried out at three levels:

1) PRIMARY PREVENTION:
   This refers to action taken to decrease the vulnerability of the individual or family to illness or dysfunction. It includes generalized health promotion as well as specific protection against disease.

   a) Prenatal education
      - giving knowledge of the reproductive process, infant care and coping skills to lessen anxiety and promote peace of mind
      - promotion of physical activity, good nutrition and avoidance of alcohol, tobacco and other drugs to ensure the best possible health of mother and developing baby.

   b) Parent counselling (in the home, post-partum classes, Child Health Centres) re the normal physical and emotional development of the child, so as to

promote realistic expectations and thus lessen tensions in child-rearing. Encouragement, reassurance, guidance and support to help parents relax and enjoy their children and develop a feeling of pride in their competence as parents.

c) Health promotion talks to school children and teachers, including education on handicapping conditions to promote understanding and acceptance of children with such conditions.

d) Public education to promote healthy lifestyles. By providing the right kind of information at the right time, individuals will be assisted in making informed decisions regarding their own health care, and many unhealthy conditions may be prevented.

e) Immunization is an example of specific protection against diseases which have the potential to cause death and disability, and is given high priority by our nurses.

2) **SECONDARY PREVENTION:**
- emphasizes early detection of physical and/or mental disability and prompt intervention to halt any pathological process, thereby shortening its duration and severity and enabling the individual to regain normal function at the earliest point. If complete remediation is not possible, the objective is to limit disability.

Examples:

a) basic inspection of infants and children, followed by referral of any with detected anomalies to family physician.

b) developmental screening of infants and preschoolers at regular intervals, with referral of children with delays to appropriate resource people e.g. Early Childhood Psychologist, Speech-Language Pathologist, Physician, Early Childhood Intervention Program.

c) hearing and vision screening of three and five-year-olds with referral to doctor or Saskatchewan hearing Aid Program as indicated.

d) Scoliosis screening of 11 and 12-year-old girls. Early referral may make surgical intervention unnecessary.

e) Teaching high school girls and women's groups the technique of breast self-examination to detect early signs of possible cancer.

3) **TERTIARY PREVENTION:**
- comes into play when a defect or disability is stabilized or irreversible. Rehabilitation is the goal, i.e. restoring the individual to an optimum level of functioning within the constraints of the condition.

Examples:
- assisting parents in the care of a disabled child
- educating Group Home personnel about the needs and care of multiply handicapped children
- requisitioning SAIL equipment for the disabled and instructing them in its proper use, thus enabling them to maintain maximum independence.
- organizing groups or activities for handicapped people so that they may feel they are contributing members of the community (eg. establishment of Big River Opportunities Co-operative).
- suggesting modifications to home environment so that disabled person may more easily cope with activities of daily living.
- counselling people with diabetes, heart and lung conditions, cataracts, etc. re following doctors instructions re care, medications, exercise and diet. This activity usually takes place as a result of a referral system established with local hospitals for follow-up of discharged patients.
- referral of individuals and families to other agencies or resource people who could be of further assistance in increasing their level of functioning and improving their quality of life.

The ultimate concern of the public health nurse is with the well-being and dignity of each individual. The stresses and concerns of members of society have never been greater

than they are at present. The nurse often feels over-whelmed with the tremendous needs in the community and the part she has to play in helping to meet them. Well deserved recognition must be given to our public health nurses, who in the face of extremely heavy caseloads, plus limitations of space, time and energy, have responded efficiently and with compassion to the differing individual and family needs.

Louise Beaton
Regional Nursing Supervisor

PRENATAL STATISTICS

Series of Prenatal Classes held -	257
1st time mother -	588
1st time father -	319
Aggregate Attendance -	
Mother -	2001
Father -	1648
	3649
Number of births -	1219
Prenatal home visits -	439

POSTNATAL

Home Visits	1151
Other contacts	182

INFANTS (0 - 12 mos.)

Home Visits	1521
CHC Attendance	
1st time seen	1490
Total Attendance	3725

Immunization

DTP Primary series	3083
OPV Primary series	2015

PRESCHOOLERS

Home Visits	1276
CHC Attendance	
1st time seen	2892
Total Attendance	4536

Immunization

DPT Primary	131
Recall	1685
OPV Primary	151
Recall	1724
MMR	164
Mumps	53
Audiometric Screening	466
Referred	17

OBSERVATION AND FIELD WORK

Student Nurses	
KIAAS	125
U. of S. (Degree) Nursing	
Students given field experience	8

SCHOOL

Student Health Screening	3987
Teacher - nurse conference re students	1031
Students interviewed other than in school	89
Parent consultation	1051
Audiometric screening	1363
Referred	115
Scoliosis - Screened	795
- Referred	15
Health Education in School	
Presentations made	97
Student attendance	2651

ADULT

Home Visits - Over 65	742
Other	1209

Group Education

Presentation made	98
Total attendance	1683

Immunization

Influenza vaccine	45
Diphtheria and tetanus	16
Cholera	77
Salk	9
OPV	46
Tetanus	13
Schick	3

MISCELLANEOUS VISITS

(Adult and Children)	
Mentally handicapped	61
Physically (apart from SAIL)	294
SAIL	370
Mentally Ill	36
Communicable Disease	140

Public Health Inspection and Statistics

We were unfortunate in losing two public health inspectors during this period. Both Trevor Hodge and Henry Chong left for greener pastures. We welcomed Miss Lynn Hooley, Public Health Inspector, to our staff in October, 1981. At present we have been informed that we have a public health inspector trainee, Lyman Chui, who will join our staff in Spring, 1982. The senior public health inspector will be retiring on the 31st of May, 1982. Due to this retirement, as well as the other public health inspector vacancy, our staff will be short handed. Regardless of this, the public health inspectors pitched in and did a considerable amount of extra duties and overtime. The three inspectors in the rural areas split the vacant territory up to cover it until a replacement is found.

SURVEYS: Shoreland Pollution Control
as previously reported, these are ongoing surveys and hopefully with enough inspectors in the coming year the commencement of the survey at Candle Lake can be undertaken. We hope to complete Phase II at Wakaw Lake as well next year.

INSTITUTIONAL CAMPS
We have 28 institutional camps and regional parks. We have had problems in the past obtaining a contact person in each camp. We have mailed a registered letter to all owners of the properties in question asking for a contact person and inviting them to a meeting in May, 1982. The purpose of this meeting will be to commence educational work and to notify all the people attending that we are going to insist on a program of upgrading for the institutional camps. If we have enough public health inspectors to carry out this program, this will be of great value to the adults and children who attend these camps.

EATING ESTABLISHMENTS
The major survey and upgrading of Prince Albert's eating establishments began last year and will continue in 1982. The number of restaurants in the city is growing by leaps and bounds and are crowding the 100 mark at the present time.

We were also successful in upgrading several restaurants in the rural areas of R.M. of Buckland, Blaine Lake, Wakaw and Shellbrook.

PLUMBING
Plumbing took a considerable amount of time even though we have reduced our days of inspection to two days a week. Building of private homes has fallen off, however, the number of busines places installing plumbing took up the slack. For example, our new mall made a lot of inspections necessary and took a great deal of time.

SPECIAL EVENTS
In the past years our inspectors have been involved more and more with problems at water plants which took time to iron out by meetings, lecturing, and carrying out special tests. We were involved in four major spills that also took time as these have to be reported to the Department of Environment who usually ask the inspector to assist them in the disposal of the hazardous product involved.

This past year we set up special food handling courses and for a change we instituted some short courses for people in the rural areas. This proved very successful as there were as many as forty to fifty women from various institutions, churches, catering groups, attending who expressed keen interest. We understand that in the near future more equipment will be supplied so that instead of your public health inspector doing this educational work once a year we will be able to do it at least six times a year.

As I am looking forward to retirement, I would like to take this opportunity to thank Dr. Kinman, Medical Health Officer and Jim Thorn, Health Region Administrator for their valuable advice and assistance over the past years. Also, I would like to thank all the members of the public health team including the nurses, our office staff and to all public health inspectors for their assistance and co-operation in the past years.

W.A. McDonald
Senior Public Health Inspector

Facility Related Services	X	Y	O	Totals	%
Eating Establishments	350	350	341	1041	9
Food Distribution	54	60	90	204	2
Food Processing	30	45	13	88	1
Liquor Outlets	20	24	60	104	1
Communal Water System	17	40	28	85	1
Private Water Supply	34	171	0	205	2
Public Water Supply	34	49	0	83	1
Municipal Sewerage System	26	93	22	141	1
Non - Municipal Sewerage System	137	357	2	496	4
Solid Waste Disposal	134	163	49	346	3
Liquid Waste Transport	14	49	0	63	1
Hospitals	12	18	21	51	0
Schools	8	33	4	45	0
Institutions	30	47	48	125	1
Housing	201	149	0	350	3
Mobile Home Parks	31	33	11	75	1
Trailer Courts	21	29	0	50	0
Hotels	18	29	30	77	1
Motels	2	3	5	10	0
Industrial Facilities	3	3	0	6	0
Swimming Pools	34	50	19	103	1
Agricultural Facilities	25	30	0	55	0
Personal Service Facilties	13	32	22	67	1
Recreational Facilities	139	170	111	420	4
Public Facilities	23	57	5	85	1
Plumbing	310	298	0	608	5
Investigations	141	96	0	237	2
TOTALS	1861	2478	881	5220	46

X – Visits to each facility
Y – Consultations while conducting inspections or requesting informtion
O – Actual inspections of facilities

General Services		%
Travel	1581	14
Meetings	563	5
Surveys	359	3
Monitoring	54	0
Training Courses	547	5
Other	133	1
Total General Services	3237	29
Office Services		
Projects	90	1
Staff Meetings	225	2
Staff Development	874	8
General Administration	1608	14
Total Office Services	2797	25
Grand Total	11254	100

Regional Nutritionist's Report

This year was a busy, productive year in the community with regards to nutrition education. Regular programs such as student-teacher workshops and a bimonthly nutrition session held at the Correctional Centre continued throughout the fiscal year. However, many new ideas were implemented and new groups in the community were reached. Talks were given to two new group homes, day care staffs, women's groups, life skills and home operators core services. Teaching a series of low calorie cooking classes in Blaine Lake was also something new and challenging.

Below are the compiled statistics for the fiscal year:

SPECIAL GROUPS

	Wt. Control	Diabetic	Prenatal	Parent & Community Groups	Interagency	Student - Teacher Groups	TOTAL
NO. OF MEETINGS	12	2	15	11	8	22	70
ATTENDANCE	92	13	197	313	41	211	867

Weight control is an area of concern for many in the community. New approaches must be developed in dealing with the overweight since this continues to be a major life-style problem. We are also concerned with misleading information obtained from magazines, books on fad diets and weight control programs based on the same. One half-day per week was devoted to weigh-ins and counselling sessions for the overweight. Individual instruction is time-consuming and a better approach is to provide leaders of community weight control groups a guide for teaching nutrition to their members. This year it was decided to do just that with the drafting of a Weight Control Leaders' Guide outlining information and activities to teach 10 lessons on nutrition and weight control.

Nutrition week was successful this year. Some of the media outreach included, radio spots promoting a daily theme during the week, T.V. interviews, and a quizz and press release sent to service clubs.

Inservice education was given to the public health nurses on the revised diabetic diet materials and the new prenatal manual and pamphlets.

An enjoyable year.

Sheila Gosselin
Regional Nutritionist

Early Childhood Psychologist's Report

A large portion of the Early Childhood Psychologist's time (41%) in the Prince Albert Health Region was spent on casework. Children with developmental problems, such as developmental delay, learning disorders and mental retardation, and children with behaviour problems were referred for assessment and recommendations. The majority of referrals came from the Public Health Nurses. Referrals were also received from Physicians, the Regional Speech and Language Pathologist and parents. The average age of the children seen was approximately 3 years 2 months with a range in ages between 4 months and 6 years. Treatment (short-term) was provided mostly for children with behaviour problems. Children with developmental problems usually require long-term treatment and were referred for various other programs.

A number of presentations were made to different groups on child management and child development topics. A total of 156 people were addressed in 6 such sessions. Examples of the groups were parents of preschoolers, several mothers' morning groups and a class of day care worker students. As the numbers indicate, these sessions were usually well attended (an average of 26 people per session) and a stimulating and constructive discussion usually followed each presentation.

In the past year, the presentations made to various groups of people have been aided by a videotape recording, "Why Do They Do This To Me?" This VTR, produced by Sask Media and funded by the Prince Albert Health Region and the Cosmopolitan Club, takes the form of a spontaneous discussion between a very experienced foster parent couple, three other parents and a special education teacher. The discussion is moderated by the Early

Childhood Psychologist of the Prince Albert Health Region. Narrated by Jack Cennon, a well-known CKBI Broadcaster, the discussion reinforces the importance of love and trust, listening and talking to children and the quality vs. quantity in time spent with children. This videotape,which was completed in 1981, has proven to be an excellent conversation piece.

A noteworthy amount of time was spent in consultation with other professionals and various people in the community. The purpose of such meetings was to share information of a professional nature so that program planning for preschool children in the community can be realistic and well co-ordinated.

The early Childhood Psychologist's involvement with the P.A. Early Childhood Intervention Program (P.A.-E.C.I.P.) continues. Most of the preschool children who, upon assessment, are found to have a significant developmental problem are referred to P.A.-E.C.I.P. Without this program there would be virtually no appropriate treatment for these children and the efforts by the Public Health Nurses to identify children with such problems early would be wasted.

Finally, I would like to take this oportunity to express my satisfaction with working in the Prince Albert Health Region. The dedication and the co-operative spirit of the staff make work exciting and I look forward to the coming year with the same optimistic feelings.

Eigil Jensen
Early Childhood Psychologist

EARLY CHILDHOOD PSYCHOLOGIST'S STATISTICS 1981-82

A. Total Number of Children Referred and Seen 43

B. Breakdown of (A) by Source of Referral

- Public Health Nurse 21
- Speech Pathologist 4
- Parents 3
- Physician 14
- School 1

C. Breakdown of (A) by Reason for Referral

- Concern about Development 29
  - Behaviour 11
  - Multiple Problems 1
  - Other Problems 2

D. Average Age (in years) of Children referred 3.14

E. Total Number of Visits (first visits and follow-up visits combined) 77

F. Group Education

- Number of Group Sessions 6
- Number of People Addressed 156

G. Percentage of Time Spent on Various Types of Activities

- Casework 41
- Primary Prevention 12
- Consultation 18
- Community Development 9
- Inservice, Travel and Administration 20

Speech - Language Pathologist's Report

This fiscal year saw a change in personnel when Mr. Ken Wanner resigned effective July 31, 1981 and Mr. Jay Rindahl came on staff August 4, 1981. Mr. Rindahl joined Prince Albert Health Region after transferring from Yorkton-Melville Region where he had been employed the previous 7 years.

As in previous years, speech therapy services remains a high priority with Community Health Services and the Prince Albert Health Region. The focus has been on pre-school children in the past several years and this is reflected in the increase of pre-school referrals during the year as compared to last year.

Speech services are offered to the public with the work being carried out at district health offices, schools, and in the home. In most cases, the parent is involved in the process of helping the child from beginning (diagnosis of the problem) to the end or dismissal from therapy.

The majority of the programs are home-based due to the caseload size of the therapist and the large area to be covered. This dictates that the child is seen weekly, once every two weeks or on a monthly basis. The majority of the visits are carried out at district health offices or at the main health office in Prince Albert.

Of particular concern to the new therapist this past year was the long waiting list of children to be seen for their initial or first visit. Some children and their parents were on the waiting list to be seen for up to six months or better in some cases. This time lag is unfortunate and even detrimental to the child in some cases. The Board of Health has responded by requesting an additional speech-language pathologist for this region in order to help reduce caseload size and provide a better service.

I would like to take this opportunity to thank the members of the Board of Health for their support.

Jay Rindahl
Speech-Language Pathologist

TABLE I – NUMBER OF REFERRALS BY AGE GROUP

AGE GROUP	1979 - 1980		1980 - 1981		1981 - 1982	
Preschool	95	73.1%	67	64.4%	101	73.7%
School Age	25	19.2%	29	27.9%	26	19.0%
Adult	10	7.7%	8	7.7%	10	7.3%
TOTAL	130	100%	104	100%	137	100%

34 more pre-school referrals
3 less school-age referrals
2 more adult referrals
than previous

TABLE II – SOURCES OF REFERRALS

SOURCE	1979 - 1980		1980 - 1981		1981 - 1982	
	NO.	%	NO.	%	NO.	%
Public Health Nurse	40	30.8	33	31.7	60	43.8
S.H.A.P.	1	0.8	0	0	0	0
E.C.P.	0	0	2	1.9	1	1.0
PARENT	22	16.5	23	22.1	25	18.0
PHYSICIANS	24	18.5	17	16.3	19	13.7
Dept. of Education	30	23.0	21	20.2	24	17.5
Other	13	10.4	8	7.8	8	6.0
TOTAL	130	100%	104	100%	137	100%

TABLE III – STATUS OF CASES

STATUS	1979 - 1980	1980 - 1981	1981 - 1982
	Number	Number	Number
Waiting for Assessment	35	20	77
Assessed Waiting for Therapy	15	10	4
In Therapy / On a Program	37	27	44
Waiting For Review	43	47	46
TOTAL	130	104	171

TABLE IV – REASON AND NUMBER OF CLIENTS DISMISSED

REASON CLIENT DISMISSED	1979 - 1980	1980 - 1981	1981 - 1982
Moved	13	13	4
No service required	21	38	32
Therapy goal reached	6	13	4
Transferred to another agency	27	27	25
Other	25	28	15
TOTAL	92	119	80

TABLE V – DISTRIBUTION OF TIME

	1979 - 1980	1980 - 1981	1981 - 1982
ACTIVITY	%	%	%
Casework	82.5	76.8	64
Education & General Programming	4.8	7.7	16
Program Administration	2.7	5.2	12
Travel	8.9	10.3	8
Other	1.1	0.0	1
TOTAL	100%	100%	100%